

2010 ELECTION CYCLE

Justicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2010 Judicial Election

Delbert Hosemann
 SECRETARY OF STATE



Name of Candidate JOSEPH L. TURNEY
 Address 716 MAIN STREET, CALUMIA, MS 39429 County MARION
 Telephone Work (601) 731-2098 Home (601) 441-9334 Fax (601) 731-2099
 Contact Name JOSEPH TURNEY Email Address JOSEPH.TURNEY@ATT.BELL.SOUTH.COM
 Office Sought CIRCUIT COURT JUDGE, 15TH JUDICIAL DISTRICT, SEAT 2

☐ Check here if above is different from previous report

May 10, 2010 Periodic Report (January 1, 2009, through April 30, 2010).....Mandatory
 June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
 July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
 October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
 October 25, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
 November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
 January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
☒ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 13.40 +\$ 0	\$ 13.40	\$ 1193.40
Total amount of disbursements	\$ 0 +\$ 0	\$ 0	\$ 6531.14
Total amount of cash on hand		\$ 0	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date 11/10/10

Authority: Refer to Miss. Code Ann. § 23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39206 or fax to 601-359-1430 or 601-575-2919.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Page 1 of 1Name of Candidate or Committee JOSEPH L. TURNEYReporting period 10/26/10 through TERMINATION REPORT 1/10/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <u>OUT OF POCKET</u> <u>REIMBURSEMENT BY POLITICAL COMMITTEE</u> <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>POLITICAL COMMITTEE FOR JOSEPH TURNEY</u>		<u>11/10/10</u>	\$ <u>13.40</u>
Mailing Address <u>122 RUBENS-WILKS ROAD</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>BASSFIELD, MS 39429</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>NA</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>NA</u>		Aggregate year-to-date	\$ <u>1183.40</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$